

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/624,062
Filing Date	July 21, 2003
First Named Inventor	Jeffrey Hutchinson
Art Unit	1761
Examiner Name	Thuy Tran Lien
Attorney Docket No.	RWB-040US1

ENCLOSURES (Check all that apply)

Fee Transmittal Form
 Fee Attached

Amendment/Reply
 After Final
 Affidavits/Declaration(s)

Extension of Time Request

Express Abandonment Request

Information Disclosure Statement

Certified Copy of Priority Document(s)

Response to Missing Parts/
Incomplete Application
 Response to Missing Parts
under 37 CFR 1.52 or 1.53

Drawing(s)
 Licensing-related Papers
 Petition
 Petition to Convert to a
Provisional Application
 Power of Attorney, Revocation,
Change of Correspondence
Address
 Terminal Disclaimer
 Request for Refund
 CD, Number of CD(s) _____
 Landscape Table on CD

After Allowance Communication
to TC
 Appeal Communication to Board
of Appeals and Interferences
 Appeal Communication to TC
(Appeal Notice, Brief, Reply
Brief)
 Proprietary Information
 Status Letter
 Other Enclosure(s) (please
identify below):

Request for Reconsideration
Form 2038
Return Postcard

Remarks:

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm Name	RatnerPrestia		
Signature			
Printed Name	Costas S. Krikelis		
Date	02/15/06	Registration No.	28,028

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile-transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

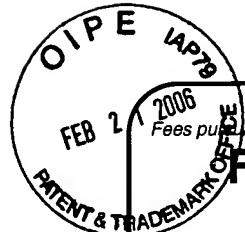
Typed or Printed Name

Date

2-15-06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, ALEXANDRIA, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Effective on 12/08/04.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 120.00)

Complete If Known	
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METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 18-0350 Deposit Account Name: RatnerPrestia

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	—
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

50

25

Each independent claim over 3 (including Reissues)

200

100

Multiple dependent claims

360

180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
- 20 or HP =	x	=		Fee (\$)
HP = highest number of total claims paid for, if greater than 20				Fee Paid (\$)
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	—

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